

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 7/15/2008

Address: 4747 E 266<sup>th</sup> Street

Case #: 51-16573

Arcadia, IN 46030

County: Hamilton

## Type of Laboratory Seizure (check one)

- ☐ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☒ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open - No Structure  
☒ Other:  
Crop Production

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☒ Water Reactive Metal (Lithium): Shavings of batteries  
☒ Anhydrous Ammonia: Contained in Tanks  
☒ Hydrochloric Acid Gas Generator(s): Open Air  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☒ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## This report is to be faxed to the following agencies that serve the location:

Fire Department: Jackson Township VFD

Fax: 317-984-3443

Health Department: Hamilton Health

Fax: (317) 776-8506

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Thomas B. Egler Phone 317-234-4591

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.